

STATE OF ILLINOIS - DEPARTMENT OF LABOR APPLICATION AND CERTIFICATE FOR A § 8.1 (b) WORK HOURS WAIVER CHILD LABOR LAW, 820 ILCS 205/1-22

) Male			
A -1 -1		A	Birthdate
Address Female	} <u> </u>	Apt. # _	
City, Sta	ıte	Zip	
YOU MUST ATTAC	CH A COPY OF MINOR'S VA	ALID ILLINOIS EMPLOYMEN	T CERTIFICATE
necific Date and Hours	s for Work Waiver: Date /	/ from:	am to am
		·	•
		Name of Production	
		ring Work Hours Requested	
Name	Phone # 🕾	Alternate Phone	# 28
Nature of Production		(es) Where Minor Will Work	
check one)	Covered by Waiver:		
O Television			
O Motion picture	Specific Description of Pe	erformance:	
Other (specify)			
HEREBY CERTIFY the	at the foregoing including attach	oments, is true and correct to the	best of my knowledge
HEREBY CERTIFY that	at the foregoing including attach that if I am granted a waiver, thi od or any other requirement as		best of my knowledge of hours the minor may
HEREBY CERTIFY the and belief. I understand work in a 24-hour perio	at the foregoing including attach that if I am granted a waiver, thi od or any other requirement as	nments, is true and correct to the s will not extend the total number	best of my knowledge of hours the minor may
HEREBY CERTIFY the and belief. I understand work in a 24-hour perion promulgated thereunder	at the foregoing including attach that if I am granted a waiver, thi od or any other requirement as	nments, is true and correct to the s will not extend the total number provided by the Child Labor Labo	best of my knowledge of hours the minor ma aw and the regulation
HEREBY CERTIFY the and belief. I understand work in a 24-hour perion promulgated thereunder Parent/Guardian (Signature)	at the foregoing including attach that if I am granted a waiver, thi od or any other requirement as 	nments, is true and correct to the swill not extend the total number provided by the Child Labor Labor Employer Rep. (Signature)	best of my knowledge of hours the minor ma aw and the regulation Date
HEREBY CERTIFY the and belief. I understand work in a 24-hour period promulgated thereunder Parent/Guardian (Signature) Union Rep. (Signature) Union Rep. Address	at the foregoing including attach that if I am granted a waiver, thi od or any other requirement as 	Employer Rep. City	best of my knowledge of hours the minor ma aw and the regulation Date
HEREBY CERTIFY the and belief. I understand work in a 24-hour period promulgated thereunder Parent/Guardian (Signature) Union Rep. (Signature) Union Rep. Address Union Rep. City	at the foregoing including attach that if I am granted a waiver, this od or any other requirement as Date Date Date	Employer Rep. City	best of my knowledg of hours the minor ma aw and the regulation Date
HEREBY CERTIFY that and belief. I understand work in a 24-hour period promulgated thereunder Parent/Guardian (Signature) Union Rep. (Signature) Union Rep. Address Union Rep. City DO NOT V This certifies that I, the statements made above a Minor) will not be jeopa	at the foregoing including attach that if I am granted a waiver, this od or any other requirement as a second or any other requirement and authorized repart and am satisfied that the health, well ardized by such work. Pursuant	Employer Rep. City Employer Rep. City Employer Rep. Phone	best of my knowledge of hours the minor may aw and the regulation: Date Date Employer Rep. Fax USE ONLY or, have investigated the (name of Law, I HEREBY ISSU

Illinois Department of Labor • 160 N LaSalle St, Ste 1300 • Chicago, IL 60601 • Phone (312) 793-2804 • Fax (312) 814-1210